Remarks

In the interest of clarity, the paragraph numbers hereafter match the paragraph numbers in the Office Action.

As an initial matter, while claim 220 has been indicated as rejected on the cover page of the Office Action, Applicant was unable to find any reason in the body of the Office Action as to why claim 220 was being rejected. If claim 220 is rejected in an action to follow Applicant requests that the Examiner please point out the reason why claim 220 is being rejected.

2. Applicant has cancelled the second claim 199 and has added new claim 221 that is identical to the original second claim 199.

The Office Action indicates that claim 219 depends from claim 53 because of the renumbering related to the second instance of claim 199. Because Applicant cancelled the second instance of claim 199 it is claim 218 that depends from claim 53. Claim 53 was cancelled in response to the restriction requirement and claim 218 should have also been cancelled. Claim 218 is cancelled above.

3-4. The Office Action rejected each of claims 1 and 194-200, 202, 213-214 and 221 as anticipated by Gombrich. Applicant traverses this rejection.

The claim 1 invention is generally provided so that a user (e.g., a physician/ nurse, etc.) can associate medical devices with a controller thereby enabling the controller to communicate with the medical devices to obtain additional information (e.g., monitoring information) there from and/or to control (e.g., change settings, enable, disable, etc.) the medical devices. To this end, an example that is consistent with the claim 1 invention is helpful. Assume there are ten different medical devices located within a facility space that are linked to a control network and each of the devices has a unique network address. Also assume that a controller is linked to the network and that a physician wants to link the controller to two of the devices. Here, according to the claim 1 invention, device identifiers (e.g.,

a bar code that specifies a unique network address for a device) may be provided for each of the devices that indicate a network device address for the device. A hand held data collector may be used to obtain the device addresses for the two devices and the addresses may be transferred to the controller. When the addresses are received by the controller, the controller may use the addresses to associate the controller with each of the two devices so that the controller can communicate directly with the two devices. More specifically, where the two devices include IV pumps and a physician intends to check IV pump settings, adjust pump settings and commence IV pumping, the physician may obtain first and second IV pump addresses from the two devices via the data collector and provide the addresses to the controller thereby enabling the controller to establish communication with each of the first and second IV pumps.

Consistent with the example above, claim 1 requires, among other things, a device identifier that indicates a network device address of a medical device, using a data collector to obtain the device address from the device identifier, transferring the device address from the data collector to a controller and associating the controller with the medical device so that the controller can communicate with the medical device.

Turning to Gombrich, Gombrich fails to teach or suggest (1) using a data collector to obtain a device address from a device identifier or (2) transferring the address to a controller. Instead, Gombrich teaches a simple compliance information system wherein, while the information system is networked, controllers do not appear to be linked to a network for controlling medical devices (i.e., no information is communicated directly between a controller and a medical device via a network). To this end, Gombrich teaches a system wherein information usable to check prescription compliance is collected via a hand held data collector and is used by a central computer or the like to determine if medicants or tests are associated with specific patients. The computer then provides indications via the hand held device or some other output device (e.g., a flat panel display screen in a patients room (see Fig. 45)) indicating whether or not activities should commence. In the event that an

activity should commence, the physician performs some manual process to start the activity. For instance, in the case of an IV pump, the physician may manually set pump settings (e.g., titration rate, concentration, stop time, etc.) and start the activity. After an activity commences, the physician may manually check the status of the activity such as, for instance, checking the titration rate of an IV pump.

More specifically, Gombrich teaches that bar codes or RF devices are provided on labels, badges, patient wrist bands, etc., and are used to identify specific patients and to indicate that specific items within a hospital are related to specific patients. To this end, an item on a bar code may specify an identity of the item as well as a patient that the item is associated with (see col. 9, lines 23-28; col. 14, lines 6-20 and col. 15, lines 18-29). To ensure compliance, a data collector can be used to obtain patient ID information from a bar code on a patient bracelet or the like and to obtain information from an item (see col. 16, lines 18-57). Where a patient is associated with the item an indication may be provided that indicates proper association (see col. 16, line 67 through col. 17, line 6). Where a patient is not associated with the item an indication that the item is not associated with the patient may be given. Once an indication is given that an item is associated with a patient, where an action is to be performed with the item (e.g., administering medicant, starting an IV pump, performing a test, etc.), it is assumed that the activity occurs immediately when the proper association indication is given (see col. 17, lines 12-17).

Thus, in Gombrich, the bar codes or other identifiers simply indicate identity of an item labeled thereby and clearly do not include network addresses so that a controller can communicate with the item. Thus, because Gombrich fails to teach or suggest network device addresses for medical devices, not surprisingly Gombrich fails to teach or suggest obtaining network addresses and transferring those addresses to a controller. Applicant has reviewed all of the sections of Gombrich cited in the Office Action and is clear that all of the cited sections are consistent with Applicant's understanding of Gombrich above.

For at least the above reasons Applicant believes that claim 1 and claims that

depend there from are patently distinct over Gombrich and requests that the rejection be withdrawn.

With respect to claim 194, claim 194 has been amended to more clearly point out that at least two times have to be identified and, when the duration between the two times exceeds a threshold period, that a health safety function is performed. For instance, a facility protocol may require that a physician obtain patient identification information from a patient ID bracelet within one minute of obtaining identification information from an IV bag (e.g., a medication container) that includes a fluid that is to be dispensed to the patient and, when more than one minute expires between collection of the patient and IV bag identification information, the protocol may cause an alarm (e.g., a light, a buzzer, etc.) to be activated. Here, the idea is to avoid stale data collections and unintended patient-IV associations that occur over relatively long periods of time (e.g., five minutes). In the present example, in at least some cases, where more than one minute expires between collections and an alarm is activated, the physician may simply obtain the patient and IV bag identity information again within a one minute period that is consistent with the facility protocol after which the IV fluid may be administered.

Turning to Gombrich, while Gombrich teaches collecting various times at which activities occur within a medical facility, Gombrich teaches that those times are only obtained pursuant to generating an archive for historical purposes. In addition, after a detailed perusal of Gombrich, Applicant was unable to identify even a single teaching that even suggests that a health safety function should be tied to whether or not <u>two times at which different types of information are obtained</u> occur within a threshold period. Clearly none of the sections of Gombrich cited in the Office Action teach this aspect of claim 194. For at least this additional reason Applicant believes that amended claim 194 and claims that depend there from are patently distinct over Gombrich.

Claim 194 has further been limited so that the times that are identified are selected from a smaller set than in the originally presented claim. Other times that can be identified have been moved into other claims that depend from claim 194

including claims 195 and 196 as well as new claim 222.

Claim 195 requires determining when three times occur within a threshold period and when the three times do not occur within a threshold period, performing a health safety function. Similarly, claim 196 requires determining when four times occur within a threshold period and when the four times do not occur within a threshold period, performing a health safety function. Gombrich fails to teach or suggest requiring three or four times to occur within a threshold period for any purpose and therefore claims 195 and 196 are novel for this addition reason.

5-11. The Office Action rejected many other claims in the present application including claims 152 and 153 as obvious over Gombrich in view of the Examiner's official notice and various other references. Applicant has cancelled claims 152 and 153.

While Applicant believes there are many differences between the prior art cited by the Examiner and the balance of the claims rejected in paragraphs 5-11 of the Office Action, because Applicant is clear that claim 1 distinguishes over the prior art as described above, Applicant does not address the other distinctions here.

Applicant has introduced no new matter in making the above remarks. In view of the above remarks, Applicant believes claims 1-24, 193-217 and 219 through 222 of the present application recite patentable subject matter and allowance of the same is requested. No fee in addition to the fees already authorized in this and accompanying documentation is believed to be required to enter this amendment, however, if an additional fee is required, please charge Deposit Account No. 17-0055 in the amount of the fee.

Respectfully submitted,

Date: 11-16-07.

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